



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☒ Yes ☐ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <u>Friends of Faulkless</u>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <u>(317) 750-1004</u>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <u>12964 Walbeck Drive</u>	
5. City, State, ZIP Code <u>Fishers, IN 46037</u>	6. Party Affiliation (if applicable) <u>Republican</u>

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) <u>Scott A. Faulkless</u>	8. Party Affiliation or If Independent Candidate
9. Office Sought (include district number, if any. Not required for exploratory committee.) <u>Fishers Town Council District 7</u>	10. County of Residence <u>Hamilton</u>

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period From: <u>1/1/14</u> Through: <u>12/31/14</u>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<u>5250.36</u>	
14. Cash on hand and investments January 1, current year.		<u>5250.36</u>

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	<u>0</u>	<u>0</u>
15b. Unitemized	<u>0</u>	<u>0</u>
15c. Add lines 15a and 15b in both columns	<u>0</u>	<u>0</u>
SUBTOTAL	<u>0</u>	<u>0</u>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<u>5250.36</u>	<u>5250.36</u>
TOTAL	<u>5250.36</u>	<u>5250.36</u>

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<u>5079.40</u>	<u>5079.40</u>
17b. Unitemized	<u>0</u>	<u>0</u>
17c. Add lines 17a and 17b in both columns	<u>5079.40</u>	<u>5079.40</u>
SUBTOTAL	<u>5079.40</u>	<u>5079.40</u>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<u>\$170.96</u>	<u>\$170.96</u>
TOTAL	<u>\$170.96</u>	<u>\$170.96</u>
19. Debts OWED BY the committee (use Schedule D)	<u>0</u>	
20. Debts OWED TO the committee (use Schedule E)	<u>0</u>	

CERTIFICATION

I, OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title	Date
	<u>1/21/15</u>
	Date

for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly person who fails to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY


**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

 State Form 4506 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page ____ of ____

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> Easley for City Council 11594 Rhyer Road Fishers, IN 46040	Fishers City Council District NE	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	4000.00	4000.00	3/28/14
Code <u>A</u> Sam's Club 96th Street Indianapolis, IN	Consumer Good	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	339.40	339.40	6/30/14
Code <u>O</u> Emily Faulkless 12964 Walback Dr. Fishers, IN 46037	Labor	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	240.00	240.00	6/30/14
Code _____ Friends of Eric Mueller 12244 Rambling Rd. Fishers, IN 46037	Fishers City Council NC District	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$500	\$500	3/18/14
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$5,079.40		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$5,079.40		